

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08403

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County.

Garrett

City or town.

Gorman's - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 1/2 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

August 3 1948

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

1 1/2

hrs.

min.

9. Birthplace

Garrett
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

Harry Bolyard

13. Birthplace

Tetra City, W.Va.

14. Maiden name

Elsie May Deal

15. Birthplace

Garrett Co., Md.

16. Informant

Mrs. Lucille Reall

Address

Gorman, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof Aug. 6 1948

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Near Table Rock, Md.

18. Funeral director

Emory D. Bolder,

Address

Oakland, Md.

19.

(Date rec'd by registrar)

P. 1/10

1948 Elmer C. Shaffer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland Garrett

City or town

Gorman W Va - Rural

Street No.

A 1 house Hill

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 5 1948 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 3 1948 to Aug. 5 1948

and that last saw her alive on Aug. 5 1948

Immediate cause of death

Asphyxia Neonatorum

Due to

Congenital Heart
Anomaly

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE

W. P. Jamison M.D.

M. D. or other

Address Oakland (Md) Pt #2 Date signed 8/5/48

2

The correct age

is especially important.

Physicians: please write the causes of death clearly and legibly

Please write plainly, with unfading ink.

Supply every item of information carefully.

Physicians: please write the causes of death clearly and legibly

is especially important.

Physicians: please write the causes of death clearly and legibly

is especially important.

Physicians: please write the causes of death clearly and legibly

is especially important.

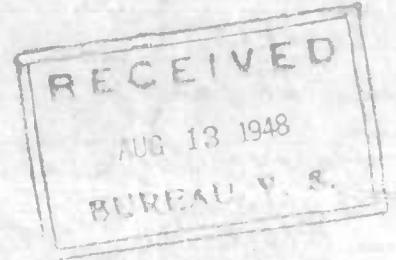
Physicians: please write the causes of death clearly and legibly

is especially important.

Physicians: please write the causes of death clearly and legibly

is especially important.

VS A15 9-45-15M



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08404

94a
Reg. Dist. No. 171

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Garrett

County

Rural - Bittinger, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sara Elizabeth Brenneman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Widowed

6. (b) Name of husband or wife

Samuel Brenneman

7. Birth date of deceased (mo., day, yr.)

Nov. 29, 1867

6. (c) If alive, give age.....years

8. AGE:

Years	Months	Days	If less than one day
80	8	4	hrs. min.

9. Birthplace

RFD Grantsville-Garrett, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

None

12. Name

William Jenkins

13. Birthplace

Virginia - Town now known

14. Maiden name

Louise Durst

15. Birthplace

New Germany, Md.

16. Informant

Robert Glotfelty

Address

Bittinger, Md.

17. Burial

Date thereof Aug. 4, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Glades Menonite

Location

Bittinger, Md.

18. Funeral director

John Winterberg

Address

Grantsville, Md.

Aug. 4, 1948

(Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Garrett

City or town Rural - Bittinger, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1948, at 7: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

~~Sept March 26, 1946~~ to ~~Aug 1, 1948~~
and that I last saw her alive on ~~May 8, 1948~~

Immediate cause of death

Coronary Heart Disease

DURATION
~~arteriosclerosis~~

Died to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

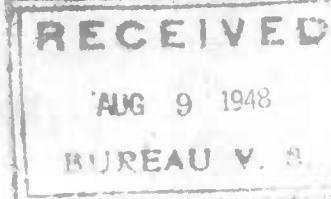
A. M. Nease, M.D.

M. D. or other

Address

Oakland, Md.

Date signed Aug. 4, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08405

CERTIFICATE OF DEATH

131a
161
Reg. Dist. No.

M

1. PLACE OF DEATH: Garrett
 County near Friendsville, Md.
 City or town (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution: home
 Stay in hospital or inst. (yrs., or mos., or days) 0
 Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 rural near Friendsville, Md. Ward No.
 City or town (If outside city or town limits, write RURAL NEAR and give town)
 Street No. Near Friendsville, Md.
 (If rural give LOCATION)

3. (a) FULL NAME Ollie Friend

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced married
---------------	------------------------	--

6. (b) Name of husband or wife Dark Friend
 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6 - 1884

8. AGE: Years Months Days If less than one day
 64 5 23 hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Allen Fields

12. Name Allen Fields

13. Birthplace England

14. Maiden name Van Seckle

15. Birthplace Md.

16. Informant Charles G. Friend

Address Friendsville Md.

17. (Burial, cremation, or removal. Which?) Date thereof Aug 31 - 48
 (month) (day) (year)

Cemetery or crematory Friendsville

Location Friendsville Md.

18. Funeral director H. J. Deveraux

Address Friendsville Md.

19. Aug 31 - 1948 Kathryn Fite.
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1948 at 2a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 1948 Aug. 29 1948

and that I last saw her alive on Aug. 28, 1948
 Immediate cause of death Cerebral Hemorrhage

DURATION 5 days

Due to Hypertension ?

Due to Cardio Vascular renal disease ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Glavy, M.D.

M. D. or other

Address Friendsville, Maryland Date signed 8-30-48

RECEIVED
SEP 2 1948
BUREAU F. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08406

CERTIFICATE OF DEATH

13105
Reg. Dia. No. 167

1. PLACE OF DEATH:

County Garret
 City or town Gorman Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bertha Susan Hanlin4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife William T. Hanlin7. Birth date of deceased (mo. day. yr.) Nov. 3rd. 1889 6.(c) If alive, give age 63 years8. AGE: Years 58 Months 9 Days 16 If less than one day hrs. min.9. Birthplace Grant Co. W.Va. (Town, county, and state)

10. Usual occupation

11. Industry or business Housewife12. Name Martin Becker13. Birthplace Maysville, W.Va.14. Maiden name Lyda Murphy15. Birthplace Mineral Co. W.Va.16. Informant William T. HanlinAddress Bayard, W.Va.17. Burial Bayard, Date thereof Aug. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bayard,Location Bayard, W.Va.18. Funeral director Rogers Funeral HomeAddress 85 S. Main St. Keyser, W.Va.19. 8/22/48 Elmer Shaffer Registrar
(Date rec'd by registrar) Last Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garret
 City or town Rural Near Bayard W.Va.
(If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19th. 1948 at 4.15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13 1948 to August 18 1948 and that I last saw her alive on August 18 1948.Immediate cause of death Cerebral accident DURATION 10 days
and UremiaDue to Hypertension ?Due to Acute and Chronic DURATION Nephritis 10 yrs

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where)? _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. P. Jamison M.D. M. D. or other _____Address Bayard W.Va. Date signed 8/20/48

VS A15



M
I
T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08407

CERTIFICATE OF DEATH

1750
Reg. Dist. No. /66

1. PLACE OF DEATH:

Garrett

County

Rural Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

2 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mark Moon; farm, making hay

How long in hospital or institution?

3. (a) FULL NAME

Asa Garfield Moon

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Ada Baltz Moon

7. Birth date of deceased (mo., day, yr.)

November 1, 1880

6.(c) If alive, give age years

65

8. AGE:

Years

67

Months

9

Days

2

If less than one day

hrs.

min.

Garrett Co., Md.

9. Birthplace

(Town, county, and state)

Farmer

10. Usual occupation

Own Farm

11. Industry or business

Abraham Moon

12. Name

MOTHER FATHER

Garrett Co., Md.

13. Birthplace

Penelope Hendrickson

14. Maiden name

MOTHER FATHER

Grant Co., W. Va.

15. Birthplace

16. Informant

Mrs. Asa G. Moon

Address

Deer Park, Md.

Burial

17. (Burial, cremation, or removal, which?)

Aug. 5, 1948

(Date thereof (month) (day) (year))

Cemetery or crematory

Oakland Cemetery

Location

Oakland, Maryland

18. Funeral director

Verlest C. Keegley

Address

Oakland, Md.

19. (Date rec'd by registrar)

August 5 48

Julia L. Brown

Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Garrett

City or town

Rural - Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

1½ Mi. N. Mt. Lake Park

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948 4:30 P.M.

21. IDENTIFY that death occurred on the date above stated; that I attended deceased from

Shunard after death 19.

and that I last saw h... alive on 19.

Immediate cause of death

Fracture Cervical Vertebrae

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

I. J. Baumgartner M.D. Hammer

M. D. Hammer

Oakland, Md. Date signed 8/5/48

Address

RECEIVED

AUG. 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08498

166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Garrett

City or town..... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 4 Years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

John Harrison Reynolds, Jr.

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Male White Married.

6. (b) Name of husband or wife..... Helen Reynolds.

7. Birth date of deceased (mo., day, yr.)..... October 28th, 1908.

8. (c) If alive, give age..... 39 years

8. AGE: Years Months Days If less than one day
39 9 20 hrs. min.

9. Birthplace..... Idaho.

(Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business

12. Name..... John Harrison Reynolds, Sr.

13. Birthplace..... Idaho.

14. Maiden name..... Elizabeth Thompson.

15. Birthplace..... Baltimore, Maryland.

16. Informant..... Mrs. John H Reynolds, Jr.

Address..... Oakland, Maryland.

17. Burial..... Date thereof..... Aug. 20th/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Oakland Cemetery.

Location..... Oakland, Maryland.

18. Funeral director..... Elroy D. Bolger

Address..... Oaklawn, Md.

19. (Date rec'd by registrar)..... Aug. 20 1948 Jules A. Brown
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

218-01-9670

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH..... August 17th, 1948 19..... 21..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 Aug 48 19..... to 17 Aug 48 19..... M

and that I last saw him..... alive on 17 Aug 48 19..... M

Immediate cause of death.....

Cardiac Heart Disease

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

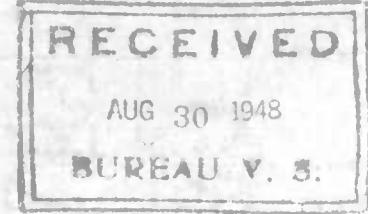
Injured at work?

23. SIGNATURE..... A.S. Mann, M.D.

M. D. or other

Address..... Oakland Md

Date signed..... Aug. 20 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

462

1. PLACE OF DEATH:
Garrett
County.
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1902 (since then)
Hospital, institution, or street address where death occurred:
Home- Kitzmiller W. Main St.

How long in hospital or institution?

3. (a) FULL NAME
Emma Anita Ridder

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Divorced

6. (b) Name of husband or wife Amos Elmer Ridder ?

7. Birth date of deceased (mo., day, yr.) August 13, 1879
6. (c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	68	11	26hrs.min.

9. Birthplace Elk Garden, W. Va. Mineral Co.
(Town, county, and state)

10. Usual occupation Housewife and clerk
Home, Store

11. Industry or business

12. Name Joseph Pritts
13. Birthplace Garrett Co., Md.

MOTHER FATHER
14. Maiden name Anna May Fredlock
15. Birthplace Garrett Co., Md.

16. Informant Gary Ridder (son)

Address Kitzmiller, Md.
Burial Aug. 12, 1948

17. (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)
Nethken Hill Cemetery

Cemetery or crematory Elk Garden, W. Va.

Location Otha F. Sharpless
18. Funeral director Blaine, W. Va.

Address

19. Aug. 10 1948 aw. Barnd
(Date signed by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
Street No. W. Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
213-01-5047

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 August 1948 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
15 July 1948 19. to 9 August 19. 48
and that I last saw her alive on 9 August 19. 48.

Immediate cause of death
Carcinoma of Stomach with
Metastases

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations As noted above

Date of op.

Autopsy results None done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Oakland, Md. Date signed Aug 1948

RECEIVED
NOV 20 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; True correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08403

CERTIFICATE OF DEATH

95c
Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett
County.....
Oakland, Maryland.

City or town. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Etta DeWitt Spiker.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow.

6. (b) Name of husband or wife Erisal Spiker.

Deceased 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24th, 1867

8. AGE: Years Months Days If less than one day
81 4 hrs. min.9. Birthplace Hoyes, Maryland.
(Town, county, and state)

10. Usual occupation Retired School Teacher.

11. Industry or business

MOTHER FATHER 12. Name Archibald DeWitt.

13. Birthplace Garrett County.

14. Maiden name Ellen Chambers.

15. Birthplace Garrett County.

16. Informant Mrs. Raymond Sines.

Address Oakland, Maryland.

17. Burial Date thereof August 25/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bray Cemetery

Location Garrett County, Md.

18. Funeral director Murray D. Bolden.

Address Oaklak d. Md.

Aug. 25/48 July 22/48

(Date rec'd by registrar) (Date of death) (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH August 22d, 1948 at 7:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 th 1945 to August 22nd 1948 and that I last saw her alive on our July 16 1945.

Immediate cause of death

Chronic Cardiac Heart disease

Due to senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

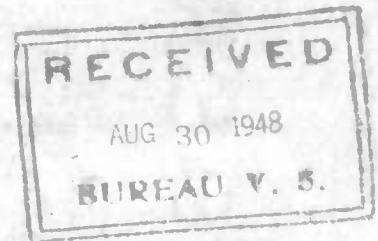
23. SIGNATURE

John Wenzel, M.D.

M.D. or other

Address

Date signed 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08410

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 162

1. PLACE OF DEATH:

County..... Garrett

City or town..... Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

8 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Miles Claton Thompson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife..... Alice Thompson

7. Birth date of deceased (mo., day, yr.)..... June 22- 1875

8. AGE: Years	Months	Days	If less than one day
73	2	24	hrs. min.

9. Birthplace..... Cherry Tree Pa

(Town, county, and state)

10. Usual occupation..... Retired Coal Miner

11. Industry or business

MOTHER FATHER..... Thomas W. Thompson

13. Birthplace..... Cherry Tree Pa

14. Maiden name..... Harriet Eisenhower

15. Birthplace..... Cherry Tree Pa

16. Informant..... Mrs. Iva Edwards

Address..... Grantsville Md

17. Burial..... 20
(Burial, cremation, or removal. Which?) Date thereof..... 8. 10. 1948

Cemetery or crematory..... Brownsville

Location..... Brownsville Pa

18. Funeral director..... Mr. Winterberg

Address..... Grantsville Md

19. Aug 18 1948 Ethel Broadwater
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md

County..... Garrett

City or town..... Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

193-09-1941

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Augest 16 1948 at 10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1948 to Aug 16 1948

and that I last saw him alive on Aug 17 1948

Immediate cause of death.....

Sudden Myocarditis

DURATION

1 yr

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

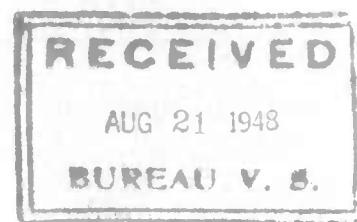
Means of injury.....

Injured at work?

23. SIGNATURE..... J. P. Davis M.D.

M. D. or other

Address..... Grantsville Md Data signed Aug 18 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08411

1066

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett.

County.....

Oakland, Maryland.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Dorris Clifford Updyke.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife.....

Elizabeth Updyke.

7. Birth date of deceased (mo., day, yr.)

May 28th, 1908.

6.(c) If alive, give age.....

37

years

8. AGE:

Years Months Day If less than one day

40

2

30

hrs.

min.

9. Birthplace.....

Stockport, Ohio

(Town, county, and state)

10. Usual occupation.....

Business Manager.

11. Industry or business

12. Name..... John Henry Updyke.

13. Birthplace..... Stockport, Ohio.

14. Maiden name..... Bessie Van Dyke.

15. Birthplace..... Procter, W. Va.

16. Informant..... Mrs. Elizabeth Updyke.

Address..... Oakland, Md.

17. Burial.....

Date thereof... Aug 29/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Oakland Cemetery

Location..... Oakland, Maryland.

18. Funeral director.....

Addressee..... Oakland, Md.

19. (Date rec'd by registrar)

19

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

233-10-7691

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH..... August 27th, 1948 at 2:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

26 Aug 1948 to 27 Aug 1948

and that I last saw h. in alive on 27 Aug 1948

Immediate cause of death.....

Acute coronary heart disease

DURATION

1/2 hour?

Due to.....

Due to.....

Other conditions..... Chronic Bronchitis ?

(Include pregnancy within 3 months of death)

Major findings of operations..... none

Date of op.....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE

Thomas J. Gushy M.D. or other

Address..... Oakland, Md. Date signed 28 Aug 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08412

CERTIFICATE OF DEATH

1626
Reg. Dist. No.

166

1. PLACE OF DEATH:

County... Garrett
Rural - Mt. Lake Park
City or town. (If outside city or town limits, write RURAL and give nearest town)

38 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hester Jane Lower White

4. Sex

S. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife.....

John M. White

7. Birth date of deceased (mo., day, yr.)

August 12, 1865

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

83

4

hrs.

min.

Garrett Co., Md.

8. Birthplace.....

(Town, county, and state)

House Wife

10. Usual occupation.....

Own Home

11. Industry or business

Alexander Lower

12. Name.....

Garrett Co., Md.

13. Birthplace.....

Huldah Harvey

14. Maiden name.....

Garrett Co., Md.

15. Birthplace.....

Hulda White

16. Informant.....

Mt. Lake Park, Md.

Address

Burial

Aug. 18, 1948

17. (Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Pleasant Valley Cemetery

Cemetery or crematory

2 Mi. S. Mt. Lake Park, Md.

Location

18. Funeral director.....

Hester C. Leighton

Address

Oakland, Maryland

19. (Date rec'd by registrar)

19...

August 18, 1948

Julia A. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett

Rural - Mt. Lake Park

City or town. (If outside city or town limits, write RURAL and give nearest town)

1 Mi. S. Mt. Lake Park

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

August 15,

48

10:00P.M.

2D. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 Aug 48 p 15 Aug 48

and that I last saw her alive on 15 Aug 48

Immediate cause of death.....

Vascular accident?

DURATION

19 hours

Due to..... Identity

Due to.....

Other conditions..... none

(Include pregnancy within 3 months of death)

Major findings of operations..... none

Date of op.

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

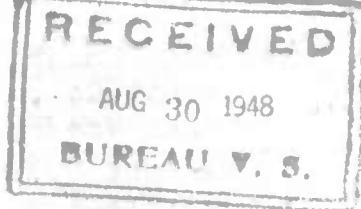
Injured at work?

23. SIGNATURE

Thomas A. Quay, M.D.

M.D. or other

Address..... Oakland, Md. Data signed 18 Aug 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47d 162

1. PLACE OF DEATH: Garrett
 County _____
 City or town _____ Jennings Md
(If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

 Stay in hospital or inst. (yrs., or mos., or days) _____
 Stay in this community (yrs., or mos., or days) _____ Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett
 City or town Jennings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
 Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ellen Wiley
3. (b) Social Security Number None

4. Sex F	5. Color or race W	6.(a) Single, married, widowed, or divorced Single
----------	--------------------	--

6 (b) Name of husband or wife _____
 6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 7, 1899
8. AGE: Years Months Days If less than one day
 49 4 23 hrs. min.

9. Birthplace Jennings Garrett Co Md
 (Town, county, and state)

10. Usual occupation House Work

11. Industry or business

12. Name James Wiley
 13. Birthplace Jennings Md

MOTHER FATHER
 14. Maiden name Adeline Bowser
 15. Birthplace Accident Md

16. Informant William Wiley
 Address Grantsville Md

17. Burial 8-30-1948
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Grantsville

Location Grantsville Md

18. Funeral director Mr. Winterberg
 Address Grantsville Md

19. Aug-30-1948 Ethelroadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28, 1948, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1948, to Aug 28, 1948, and that I last saw her alive on Aug 28, 1948.

Immediate cause of death Darniance left lung.
 Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

Of autopsy: _____

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. P. Davis M.D.
 M.D. or other _____

Address Grantsville Md Date signed Aug 28, 1948

